

Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

**Notice Concerning Fiduciary Relationship—
Illinois Type Land Trust**

(Internal Revenue Code section 6903)

OMB No. 1545-1683

Part I Identification of Trustee of Illinois Type Land Trust

Trustee's name	Identifying number
Number, street, and room or suite no.	City or town, state, and ZIP code

Part II Trust Information

Trust Number (Internal Identifier assigned by Trustee, see instructions)	
Date trust created	Date trust terminated
Successor Trustee's name (see note below)	Date trust transferred to Successor Trustee
Number, street, and room or suite no.	City or town, state, and ZIP code

Note: Always enter date trust created. If you are reporting that one or more beneficiaries or powers of direction are being added or removed, complete Part III. If the trust has been terminated, complete the entry for date trust terminated. If you have transferred the trust to a Successor Trustee, complete the entries for Successor Trustee, including the address of the Successor Trustee, and the entry for date trust transferred. If you are only reporting that the trust has been terminated or transferred to a Successor Trustee, do not complete Part III.

Part III Transaction Reports—Beneficiary/Power of Direction Transaction Report 1

Name of beneficiary or person with Power of Direction	Identifying number
Number, street, and room or suite no.	City or town, state, and ZIP code

Check applicable box(es) related to the person listed above.

<input type="checkbox"/> Added as a beneficiary	Date	<input type="checkbox"/> Added as Power of Direction	Date
<input type="checkbox"/> Removed as a beneficiary	Date	<input type="checkbox"/> Removed as Power of Direction	Date

Beneficiary/Power of Direction Transaction Report 2 (Complete if more than one. If more than two, see instructions.)

Name of beneficiary or person with Power of Direction	Identifying number
Number, street, and room or suite no.	City or town, state, and ZIP code

Check applicable box(es) related to the person listed above.

<input type="checkbox"/> Added as a beneficiary	Date	<input type="checkbox"/> Added as Power of Direction	Date
<input type="checkbox"/> Removed as a beneficiary	Date	<input type="checkbox"/> Removed as Power of Direction	Date

**Sign
Here**

I certify that I have the authority to execute this notice concerning fiduciary relationship on behalf of Illinois Type Land Trust.

Trustee's signature

Date

Trustee's signature

Date